

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91460 024 ***150.00

DOCUMENT #

1. Entity Name *AMANDE Auto SALES Inc*
P000000090116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

AMANDE Auto SALES Inc

3. Mailing Address

944 BANYAN DR

Suite, Apt. #, etc.

2615 South St

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH FL

Zip

33407

Country

PAIM BEACH

Zip

33415

Country

PAIM BEACH

4. FEI Number

65-1046608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Wilson Saintil

Street Address (P.O. Box Number is Not Acceptable)

944

944 BANYAN DR

City

WEST PALM BEACH FL

Zip Code

33415

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/06/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Wilson Saintil Owens
944 BANYAN DR
WEST PALM BEACH FL 33415

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilson Saintil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/06/02

Daytime Phone #

561-712-4655

CR2E034B (12/01)